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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	
YES	<b>METCALFE</b>
Art Unit	<b>QUANTIFIER CERAMIC ELECTRONICS</b>
Inventor Name	
Attorney Dockets Number	

I hereby appoint:

- ☐ Practitioners associated with the Customer Number:  
OR

- ☒ Practitioner(s) named below:

Name	Registration Number
<b>JOHN R. ROSS</b>	<b>39539</b>
<b>JOHN R. ROSS III</b>	<b>43060</b>

to represent me or myself to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- ☐ The address associated with the above-mentioned Customer Number:  
OR

- ☐ The address associated with Customer Number:  
OR

<input checked="" type="checkbox"/> Firm or Individual Name	<b>JOHN R. ROSS</b>				
Address					
Address	<b>PO BOX 2138</b>				
City	<b>DEL MAR</b>	State	<b>CA</b>	Zip	<b>92018</b>
Country	<b>USA</b>				
Telephone	<b>658-755-3122</b>	Fax	<b>658-755-3121</b>		

- ☒ I am the Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/00)

**SIGNATURE of Applicant or Assignee of Record**

Name	<b>SARAH MUSTONEN</b>					
Signature	<i>Sarah Mustonen</i>					
Date	<b>22.3.2004</b>				Telephone	<b>438 40 76 42 533</b>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- ☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.41 and 1.42. The information is required to obtain or retain a benefit by the party which is to be (and by the USPTO or process) an application. Confidentiality is provided by 35 U.S.C. 422 and 37 CFR 1.41. This collection is estimated to take 5 minutes to complete, on the amount of time you require to complete this form and/or correspondence for receiving this benefit. Should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FORM OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Congressional for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	<b>METCALFE</b>
Title	<b>UNDERWATER CERAMIC ELECTRODES</b>
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
<b>JOHN R. ROSS</b>	<b>39,530</b>
<b>JOHN R. ROSS III</b>	<b>43,060</b>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	<b>JOHN R. ROSS</b>				
Address					
Address	<b>PO BOX 2138</b>				
City	<b>DEL MAR</b>	State	<b>CA</b>	Zip	<b>92014</b>
Country	<b>USA</b>				
Telephone	<b>858-755-3122</b>	Fax	<b>858-755-3122</b>		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	<b>NORBERT B. EGGNER</b>		
Signature	<i>[Signature]</i>		
Date	<b>23 March 04</b>	Telephone	<b>858-695-6660</b>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	<b>METCALFE</b>
Title	<b>UNDERWATER CERAMIC ELECTRODES</b>
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
<b>JOHN R. ROSS</b>	<b>30,530</b>
<b>JOHN R. ROSS III</b>	<b>43,060</b>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

Firm or Individual Name	<b>JOHN R. ROSS</b>				
Address					
Address	<b>PO BOX 2138</b>				
City	<b>DEL MAR</b>	State	<b>CA</b>	Zip	<b>92014</b>
Country	<b>USA</b>				
Telephone	<b>858-755-3122</b>	Fax	<b>858-755-3122</b>		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	<b>ARTHUR METCALFE</b>		
Signature	<i>Arthur Metcalfe</i>		
Date	<b>March 24th 2004</b>	Telephone	<b>858-673-4535</b>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Agency Design Number	
	First Named Inventor	METCALFE
	COMPLETELY KNOWN	
	Application Number	
	Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## UNDERWATER CERAMIC ELECTRONICS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically related to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 368(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Verified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SP-025 attached hereto.

(Page 1 of 1)

This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the burden of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22304-1480. DO NOT SEND FILL OR COMPLETED FORMS TO THIS ADDRESS. Send To: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22304-1480.

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NO. 428 P. 27

MAR. 19. 2004 4:51 PM 858 646 5581 FILEN M (HR DEPT)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <b>JOHN R. ROSS</b>			
Address <b>PO BOX 2138</b>			
City <b>DEL MAR</b>	State <b>CA</b>	ZIP <b>92014</b>	
Country <b>USA</b>	Telephone <b>858-755-3122</b>	Fax <b>858-755-3122</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>ARTHUR</b>		Family Name or Surname <b>METCALFE</b>	
Inventor's Signature <i>Arthur S. Metcalfe</i>		Date <b>03/24/2004</b>	
Residence: City <b>San Diego</b>	State <b>CA</b>	Country <b>San Diego</b>	Citizenship <b>USA</b>
Mailing Address <b>17615, Rienzi Place,</b>			
City <b>San Diego</b>	State <b>CA</b>	ZIP <b>92128</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>NORBERT D</b>		Family Name or Surname <b>ELSER</b>	
Inventor's Signature <i>Norbert D. Elser</i>		Date <b>23 March</b>	
Residence: City <b>San Diego</b>	State <b>CA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>5656 Soledad Road</b>			
City <b>La Jolla</b>	State <b>CA</b>	ZIP <b>92037</b>	Country <b>USA</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ (inventor's sheet) PTO/SB/01A or OGI R Attached hereto.			

(Page 2 of 2)

NO. 428 P. 37

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PT033024 (03-05)

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U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Economic Espionage Act of 1996, the person can be fined or imprisoned for a maximum of 15 years or a combination of a fine and imprisonment.

**DECLARATION** **ADDITIONAL INVENTOR(S)**  
 Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
SAKARE		MUSTONEN	
Inventor's Signature <i>Pekka Mustonen</i>		Date 22.3.2004	
Residence: City	UUSIKYLÄ	State	Country FINLAND
Citizenship FINLAND			
Mailing Address Osmonitie 7			
Mailing Address Osmonitie 7			
City	16100 UUSIKYLÄ	State	Zip
Country FINLAND			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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